

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017808

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 2039

FILED MAY 3 1962

1. PLACE OF DEATH

a. COUNTY Washingtonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN BretonLength of stay in lb
17 Daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rt 1 Mineral Pt.Inside Limits
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Washingtonc. CITY OR TOWN Mineral PointInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Rt. 1 (Springtown)Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First William Middle Riley Last Nash, sr.4. DATE OF DEATH
Month April Day 29 Year 1962

5. SEX

Male

6. COLOR OR RACE

Wh7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

7/23/89

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

Auto

11. BIRTHPLACE (City and state or country)

Halifax, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Riley Nash

13b. MOTHER'S MAIDEN NAME

Martha Stinnett

14. NAME OF HUSBAND OR WIFE

Leona Pearl

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

17. INFORMANT

Address

Geo. Nash, Mineral Point, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

KREIMIA

INTERVAL BETWEEN ONSET AND DEATH

24 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Pyelonephritis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 20, 1962 to April 29, 1962 and last saw him alive on April 29, 1962
Death occurred at 9:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward W. Lake, D.O.

22b. ADDRESS

Potosi, Missouri

22c. DATE SIGNED

5-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/1/62

23c. NAME OF CEMETERY OR CREMATORY

Buster Cem.

23d. LOCATION (City, town, or county)

Valley Mines,Mo

24. FUNERAL DIRECTOR

ADDRESS

Gum & SonPotosi, Mo

25. DATE RECD. BY LOCAL REG.

5/1/62

26. REGISTRAR'S SIGNATURE

Arthur K. Sunday

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

JUL 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William H. Green

Licensed Embalmer No. 5155

P. O. Address Polk, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.